



Automated Hospital Emergency Department Data (AHEDD) Support and Enhanced Surveillance Processing

OFFICIAL RESPONSES TO VENDOR QUESTIONS RFP-2017-026

No.	Question	Answer
1	Pg. 3, Subsection 1.1: What interfaces exist with respect to the AHEDD system?	<ul style="list-style-type: none">a. Rhapsody integration engine software to receive and integrate all New Hampshire hospital syndromic surveillance Admission/Discharge/Transfer (ADT) data formatted in Health Level Seven (HL7) messages.b. Once data is received by Rhapsody into the system, it is mapped to the Oracle database and Oracle SQL packages interface with MS Access, Oracle Apex, and Cognos tools are used to query and report data.c. Maintenance of frequently changing database tables (such as hospital contact table, ICD Reportable Disease table, etc.) is achieved through an interface of the AHEDD web tool with JAVA system code, the Oracle database, and database SQL packages.d. An email exchange server interfaces with the system to send and receive system emails.<ul style="list-style-type: none">• Reportable Disease alerts are sent automatically to NH DPHS staff.• MS Outlook email is interfaced with AHEDD system querying so Department staff can confirm/rule out encounter alert detections with hospital ICP's.
2	Pg. 3, Subsection 1.1: Are Enterprise software licenses (Rhapsody, Oracle, Cognos) provided to vendors or do vendors have to procure their own licenses?	Vendors will be provided with remote desktop access to a State of New Hampshire DoIT computer set up with all necessary software. (Please see Pg. 3 of the RFP, 3rd paragraph).
3	Pg. 3, Subsection 1.1: RFP specifies AHEDD system data to be uploaded multiple times during the day. Would it be entertained to have	Yes



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	a near real-time feed instead?	
4	Pg. 7, Subsection 4.1: Can vendors send proposals for both scopes of work in the same box/package?	If submitting proposals for both scopes of work, original cost and tech proposals, and copies of proposals, for each scope, must be clearly marked and sent in separate boxes/packages.
5	Pg. 17, Section 5: How is the cost proposal evaluated?	Please see page 22, Section 5.4.2. of the RFP.
6	Pg. 23, Appendix A, Subsection A-1, Project Overview: What syndromes are currently classified in AHEDD and what syndromes are expected with the enhanced surveillance system integration?	Please see the document entitled " AHEDD Current and Proposed Syndromes ," posted to the following Web page, in the "Documents" section. https://www.dhhs.nh.gov/business/rfp/rfp-2017-026.htm
7	Pg. 27, Appendix B-3 and B-4: What is the impact of not meeting the criteria set forth in these sections? Does it apply to both scopes of work?	The criteria in these sections pertain to the <u>management of projects of a similar size</u> , not the specific type of project. Please see Pg. 17 of the RFP, Section 5.1, Scoring the Technical and Cost Proposals. Points will be deducted from the Technical score accordingly. The requirement applies to both scopes.
8	Pg. 27, Appendix B, Minimum Standards for Proposal Consideration: Can vendors propose an innovative solution that is currently implemented in another state, allowing New Hampshire (being on the same platform) the ability to share enhancement costs and upgrades, reducing costs for both states?	Please see Pg. 17, Section 5.1, of the RFP. Points will be deducted from the Cost and Tech proposal scores if not submitted in accordance with the RFP requirements.



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9	Pg. 29, Appendix C, Subsection C-1 item 4: Is the Department considering ICD10 code mapping only, or is it open to receiving SNOMED code mapping?	The Department is interested in ICD10 coding only at this time.
10	Pg. 29, Appendix C, Subsection C-1, Scope of Work: What is the expectation regarding the procurement of an enhanced syndromic surveillance COTS system or a system customized to the Department's needs?	Please refer to Pgs. 29 & 30 and Table C-2 on Pgs. 32-34 of the RFP. The expectation is to procure a system that is already built but customized to the Department's needs.
11	Pg. 29, Appendix C, Subsection C-1, Scope of Work: Has the Department looked at other COTS Software already?	No.
12	Pg. 29, Appendix C, Subsection C-1, Scope of Work, Item #9: Is there any particular mapping software required regarding integrated GIS mapping with query results?	No. The software needs to meet public health needs, such as have the ability to create maps that show health risk frequency by location for a point in time or over a time period such as in a Time Slider video, and be able to correlate external source data (EMS or weather) with ED data for the particular health risk.
13	Pg. 33, Appendix C, Table C-2, Scope A - Requirement B-4c: Is the list provided all inclusive?	No. The full list is: Chief complaint, diagnosis codes, gender, age, location, date of birth, town, state and zip code.
14	Pg. 34, Appendix C, Table C-2, Scope A - Requirement T-4: Is the Department currently receiving EMS and Vital Record Death Data?	No.



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15	Pg. 34, Appendix C, Table C-2, Scope A – Requirement T-5: Is the Vital Records Death SSN data pre-validated? And is it within the scope of this project to validate the SSN?	No.
16	Pg. 34, Appendix C, Table C-2, Scope A – Requirement T-5: Is the Department receiving HL7 Version 3 Clinical Document Architecture (CDA) data? If not, what formats are received.	No. The Department is receiving HL7 2.5.1 and lower.
17	Pg. 35, Appendix C, Table C-2, Scope B – Requirement B-8: Would it be acceptable to pre-adopt new Meaningful Use Stage 3 fields and add those to the cost proposal?	Yes, as long as both costs are referenced.
18	Pgs. 59-60, D-3 Staffing Qualifications: Are off-shore resources appropriate?	Yes, as long as the data for the system resides within the US and follows best practices for data security and integrity. Please also the response to question #2.
19	Pgs. 65-70, Appendix F, Pricing Worksheets: Can deliverables be grouped together for pricing purposes?	No.
20	Pg. 69, Appendix F, Pricing Worksheets, Table F-1: Is the Department open to modeling using another standard other than ADT messages?	No. The Department receives ED ADT data only from hospitals. Please also see question #16. HL7 Version 3 (CDA) messages are not being considered at this time.



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21	Pg. 78, Appendix G-2 Testing Requirements: Does the Department have or prefer a particular Performance Tuning Software?	The Department of Information Technology (DoIT) typically recommends free software for vendors to use for this purpose.
22	Pg. 82, Appendix G-2: Does the Department have or prefer a particular IBM Endpoint Manager (IEM) Security Testing software?	The Department of Information Technology (DoIT) typically recommends free software for vendors to use for this purpose.
23	Is there an Insurance Bond required with indemnification?	Please refer to Pg. 91 of the RFP, General Provisions, Item 14, Insurance.
24	Regarding indemnification protection, is there any requirement for contracting with the State of New Hampshire?	Please refer to page 91 of the RFP, General Provisions, Item 13, Indemnification.
25	Can the Department provide a list of the vendors that participated in the Vendors' Conference?	No.